

Open application period for 62 years and older. Applications will be accepted Tuesdays and Thursdays from 9a.m. to 2p.m until December 30th 2009

Dear Applicant:

Here are several PSH units that will be available this year. If you are interested in these properties then complete this application. St. John Berchman-3400 St. Anthony, New Orleans, Delille Inn-6924 Chef Menteur, New Orleans, The Terraces 3615 Tulane, New Orleans, Annunciation Inn-1220 Spain St, New Orleans, St. Martin Manor-1501 N. Johnson, New Orleans, Nazereth Inn - 14765 Haynes, New Orleans, Oak Villa-Bender, New Orleans (Westbank)

What is the PSH Program?

PSH units are special rental apartments that come with supports for people who have a **disability** or a member of the household has a disability. The disability must be long-term and significant enough to negatively impact the individual/household's ability to live successfully in the community. The individual/household may become homeless or institutionalized without the supports provided through the program. The housing supports include things like reminders to pay the rent and keep your apartment clean as well as help arranging medical appointments or other support services.

In order to obtain a PSH unit you must first be determined eligible for the program. Once you are determined eligible for the program your name is placed in a lottery. As PSH units become available the program will assist you, (based on the lottery number) with making application to the property manager of the unit. If you are accepted by the property manager the program will assist you with understanding the terms of the lease, moving into the apartment, and maintaining tenancy in the apartment.

What is the eligibility criteria for PSH

To be eligible for PSH an individual or household must meet **all three** of the following criteria.

- 1) The individual or a member of the household must have a long-term disability
- 2) The member or the household must be in need of the supports provided through the program, and
- 3) The household must meet income guidelines.

How do I apply if I think I am eligible?

Complete the attached application and sign page 13. You will be required to verify (a) the income of all household members,(b) that you or a member of the household has a long-term disability, and (c) the household is in need of supports. Applications without required supporting documents will not be accepted. This application period has been extended to allow applicants enough time to gather all required documents.

Check Box	Required Verification Documents Must be Attached to Application
<input type="checkbox"/>	Birth Certificate(s) for all household members
<input type="checkbox"/>	Social Security Card(s) for all household members
<input type="checkbox"/>	Picture Identification of all adult household members
<input type="checkbox"/>	Proof of income and assets for all household members; award letters, check stubs, etc.
<input type="checkbox"/>	Proof of disability; award letter or letter from doctor stating disability.
<input type="checkbox"/>	"In Need of PSH" Verification Form" (completed only by service provider)
<input type="checkbox"/>	"Hurricane Displacee Verification Form" (if applicable completed by applicant)

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PERMANENT SUPPORTIVE HOUSING APPLICATION

OFFICE OF AGING AND ADULT SERVICES

Please be advised that your application will not be processed if you are missing
required documents.

Please complete the entire application as fully as possible. The application will not be considered complete unless all of the questions that have an asterisk * are completed. **Attach the required documents and return them with the signed application between the hours of 9 and 2 p.m on Tuesdays and Thursdays to OAAS/PSH, 1010 Common Suite 505 New Orleans, LA 70112. If you have any questions call 504-568-3369**

APPLICANT (Head of Household) Information

Please Print Clearly

*First Name

MI

*Last

*Street

*City

*State

Zip Code

It is important that we can get in touch with you. Please provide as many phone numbers as possible.

Home: (____) _____-_____ Work: (____) _____-_____

Email: _____ Fax: (____) _____-_____

Pager: (____) _____-_____ Mobile/Cell (____) _____-_____

_____-_____-_____
Social Security Number

_____/_____/_____
Birth Date

You may provide an alternative contact in the event that your contact information changes and we cannot locate you.

First Name

MI

Last

Relationship to you _____

Street

City

State

Zip Code

Home: (____) _____-_____ Work: (____) _____-_____

Email: _____ Fax: (____) _____-_____

Pager: (____) _____-_____ Mobile/Cell (____) _____-_____

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Your Race (*Voluntary - please circle*):

- | | |
|---|---|
| 1. White | 2. Black or African American |
| 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. Other |

Your Ethnicity (*Voluntary - please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin*): **Hispanic:** Yes No

Gender (*please circle*): Male Female

Veteran (*please circle*) Yes No

Aging out of the State Foster Care System Yes No

Elder - *Defined as a head of household over 62 years of age* Yes No

Accessibility: Does a member of your household require the special design features of a particular unit (e.g. wheelchair access or access for person who has a hearing disability)

(*please circle*) Yes No

Please explain: _____

PERMANENT SUPPORTIVE HOUSING ELIGIBILITY

You must meet all three of the following requirements for PSH to be eligible for the program.
Please check all that apply to your household

☐* A member of our household has a substantial, long-term disability including but not limited to serious mental illness, addictive disorder, developmental disability, physical or sensory disability, chronic illness such as HIV or a frail elder.

*In order help you access any needed supports for local or state agency it is helpful for us to know what type of disability you have. This information is **voluntary and confidential** and will NOT impact your eligibility.*

- ☐ Serious Mental Illness;
- ☐ Addictive Disorder, i.e., individuals in treatment/recovery from substance abuse disorder;
- ☐ Developmental Disability, i.e., mental retardation, autism, or other disability acquired before the age of 22;
- ☐ Physical, sensory, or cognitive disability occurring after the age of 22;
- ☐ Disability caused by chronic illness (e.g., people with HIV/AIDS who are no longer able to work); or
- ☐ Age-related disability (i.e., "frail elderly).
- ☐ Other _____

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- ☐* Our household needs the supports provided through permanent supportive housing.
PSH provides housing supports to persons with disabilities including youth, homeless persons and elders who need these supports to be able to live in the community and not become evicted or homeless. One example of PSH support is reminding you to pay your rent and utilities and keep your apartment clean. It could also be someone who helps arrange medical or other appointments. **On the lines below, please tell us as best you can why your household needs these or other kinds of housing supports.** If you need to, you can continue the explanation on another piece of paper.
-
-
-

- ☐ Check this box if you have continued to write on a separate sheet of paper.

- ☐* Our household is extremely low-income.

The maximum income a household of different sizes can have is listed below.

Household Size*	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Maximum Monthly Income	\$1,045	\$1,195	\$1,345	\$1,495	\$1,616	\$1,733

* includes babies and children in the household.

If your monthly income for your household exceeds the amounts indicate above you are not eligible for this program.

***Please estimate the total monthly income for everyone who will live in the household: \$ _____**

YOUR CURRENT HOUSING CIRCUMSTANCES

Are you currently renting an apartment? ☐Yes ☐No

If yes,
How long have you rented this apartment_____?

How much is your monthly rent_____?

Did you live in a HANO development before Hurricane Katrina? If so, what is the name of the development?

Do you have a rental assistance voucher such as Shelter Plus Care, Section 8 Voucher, HOPWA, D-HAP?

☐Yes ☐No

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If yes, please explain_____

Were you on the HANO Section 8 waiting list before Hurricane Katrina?

☐Yes ☐No

Did you live in a HANO Project Based Property before the storm?

☐Yes ☐No

If yes where did you live?_____

Depending upon your current housing circumstances, you may qualify for a **preference** under this program. Please review the housing situations described below and check any boxes that describe your personal situation:

***Hurricane Displacee:** You lived in one of the southern Louisiana parishes impacted by the 2005 hurricanes and because of the hurricane, you had to move. This might be because your housing was destroyed or because your rent was no longer affordable after the hurricane.

What was your address at the time of Hurricane Katrina/Rita?

Were you able to return to this address after the storm? ☐Yes ☐No

If you answered “no”,

Why were you unable to return to this address after Hurricane Katrina/Rita?

Where are you living now?_____

Is this a temporary situation? ☐Yes ☐No

If you answered “yes” please explain_____

***Homeless:** Are you or your household in one of the following situations (please circle one of the following)?

- Living in a car, parks, sidewalks, abandoned buildings, on the street or similar;
- Living in an emergency shelter;
- Living previously on the street but are now living in a transitional housing program;
- Homeless but living for no more than 30 days in a hospital or other institution.

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***At Risk of Homelessness or Living in Transitional Housing for the Homeless:** Are you or your household in one of the following situations, don't have anywhere else to live and not enough funds to pay for housing (please circle one of the following)?

- Household is being evicted or foreclosed within 30 days by a private landlord?
- Household is being discharged within 30 days from an institution, such as a mental health or substance abuse treatment facility, in which you lived for more than 30 days?
- Household is fleeing a domestic violence housing situation?
- Household is living in temporary housing situations such as in motels, hotels, and FEMA trailers, or in an untenable doubled up arrangement?
- Household is exiting, mental health or developmental disability facilities, nursing homes, residential addiction treatment programs, or hospitals?
- Household includes youth aging out of foster care who qualify for PSH?
- Household is living in transitional housing but was not homeless this?

***Inappropriately institutionalized:** You or a household member lives in a nursing home, ICF-DD, psychiatric facility, or other residential treatment facility, because they have a disability but would prefer to live in the community.

***At risk of institutionalization:** You or a member of the household is faced with placement in a nursing home, Intermediate Care Facility/Developmental Disabilities (ICF/DD) or long- term (more than 14 days) psychiatric hospital because of the following (please circle one of the following):

- A caregiver is no longer able or willing to continue providing care;
- A caregiver has passed away and no other caregiver is available;
- You can't stay in your temporary housing arrangement any longer;
- Your household faces some other family crisis with no caregiver support available;
- Someone's health or disability status impacts the member's ability to live independently;

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HOUSEHOLD INFORMATION

*List all other persons who will be living in the unit and their relationship to the Head of Household.
Complete the information in the chart for all members of the household.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #

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APPLICANT HOUSEHOLD'S CURRENT INCOME

*Please complete the attached income chart for all members of the household and attach proof of income.

OTHER HOUSEHOLD INFORMATION

Criminal Record: The answers to the following questions about you and your household member's criminal records will NOT impact eligibility for PSH. Providing us accurate and complete information will help us make referrals of your household to the landlords.

Have you or any member of your household who will live in the unit have a criminal record?

Check one: ☐ Yes ☐ No

If you answered yes to any of the above, Please Explain

PSH UNITS IN ORLEANS PARISH

Orleans Parish has PSH housing in all of the locations listed below. Check yes or no next to each development indicating whether or not you would be interested in residing at that location. Do **NOT** check "yes" for any locations where you would not consider living.

Check Box		Development Name	Address	Unit Sizes
Yes	No			1 BR
<input type="checkbox"/>	<input type="checkbox"/>	St. John Berchman	3400 St. Anthony, New Orleans	
<input type="checkbox"/>	<input type="checkbox"/>	Delille Inn	6924 Chef Menteur, New Orleans,	
<input type="checkbox"/>	<input type="checkbox"/>	The Terraces	3615 Tulane, New Orleans	
<input type="checkbox"/>	<input type="checkbox"/>	Annunciation Inn	1220 Spain St, New Orleans	
<input type="checkbox"/>	<input type="checkbox"/>	St. Martin Manor	1501 N. Johnson, New Orleans	
<input type="checkbox"/>	<input type="checkbox"/>	Nazereth Inn	14765 Haynes, New Orleans	
<input type="checkbox"/>	<input type="checkbox"/>	Oak Villa	Bender, New Orleans (Westbank)	

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SUMMARY OF HOUSEHOLD INCOME AND ASSET SOURCES

Please list the total annual employment income of all members of your household.

Household Member	Wages Full-Time	Wages Part-Time	Overtime	Commissions	Tips/Bonuses

Employment: For each job, please list place of employment:

Benefits:

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type	Indicate (Y) or (N)	Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)				
Social Security (Child)				
SSI (Adult)				
SSI (Child)				
Public Assistance (TANF, Other)				
Alimony				
Child Support				
Disability or Death Benefits				

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Other Income:

Income Type	Indicate (Y) or (N)	Amount Received	Per	Household Member Receiving Benefit
Self-Employment				
Recurring Cash Contributions or Gifts including rent and utility payments.				
Worker's Compensation				
Unemployment Benefits				
Severance pay				
Payments from insurance policies				
Retirement Benefits				
Pension Benefits				
Veteran's Administration Benefits				
Military Reserves/National Guard				
Periodic Payments from Lottery Winnings				
Other:				

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Documentation: Please provide documentation of all income listed such as pay stubs, copy of
SS/SI award letter.

ASSETS

Does any member of the household own any of the following types of assets?

Type of Asset	Indicate (Y) or (N)	Value or Current Balance	Name of Financial Institution
Checking Account			
Savings Account			
Stocks/Bonds			
Treasury Bills			
Type of Asset	Indicate (Y) or (N)	Value or Current Balance	Name of Financial Institution
Money Market Funds			
Certificate of Deposit			
Rental Property/Personal Property held for investment purposes			
Real Estate/Mortgage/Land Contracts/			
Safe Deposit Box			
Deeds or Trust			
Annuities			
Own a mobile home			
IRA or Keogh Account			
Other Financial Assets			

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Bobby Jindal
GOVERNOR



State of Louisiana

Alan Levine
SECRETARY

Department of Health and Hospitals Office of Aging and Adult Services

Hurricane Displacee Verification Form

RE: Application for Permanent Supportive Housing

We have reviewed your application. Based on the information provided in your application, you have been given a **preliminary preference** of Hurricane Displacee (you lived in one of the southern Louisiana parishes impacted by the 2005 hurricanes and because of the hurricane, you had to move. This might be because your housing was destroyed or because your rent was no longer affordable after the hurricane). Please complete the entire form.

What was your address at the time of Hurricane Katrina?

Landlord name _____ Phone number _____

Why were you unable to return to that address after Hurricane Katrina? _____

CERTIFICATION

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant(s) Statement: I/we understand that false statements or information are punishable under federal law. _____

Applicant Signature

Date

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Bobby Jindal

GOVERNOR

State of Louisiana

Alan Levine

SECRETARY

Department of Health and Hospitals Office of Aging and Adult Services

Instructions for "In Need of PSH" Verification Form

This form must be completed and signed to certify that someone applying for Permanent Supportive Housing has a need for the tenancy supports provided by the program.

A case manager, services provider, doctor, nurse or other, social service professional who knows you must complete and sign the form.

Certification that you need PSH Supports is one of the three program eligibility requirements. The other two are (1) having a disability, and (2) being extremely low-income.

Applicant's Name: _____

☐Yes ☐No Does at least one member of this household have a physical, sensory, mental, emotional or cognitive disability which is expected to be chronic and/or permanent?

Explanation required: _____

☐Yes ☐No As a result of this member's disability, does this household require the types of tenancy supports provided by the PSH Program in order to live successfully in the community and maintain a stable tenancy? Some of the types of supports that can be provide by the program may include assistance developing housing skills such as home maintenance, shopping, cooking, budgeting and bill and rent payment.

Explanation required: _____

☐Yes ☐No Please describe how you believe the PSH Supports can assist the applicant household to live successfully in the community. Please be specific.

Explanation required: _____

I certify that the foregoing information is true and accurate to the best of my knowledge.

(Signature)

Name: _____

Address: _____

(Date)

Title: _____

Phone/E-mail Info: _____

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SERVICES RECEIVED/NEEDED

If you have a case worker or other professional that is assisting you with locating housing or other needed services we would like to be able to contact them about your current needs. Please list their name below and sign the attach consent form allowing us to contact this person.

Name _____

Agency _____

Phone or e-mail: _____

CERTIFICATION

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant(s) Statement: I/we understand that false statements or information are punishable under federal law.

**Applicant Signature*

**Date*

After application is complete (make sure all areas with * have been answered) and signed,
Applications are due by **2:00PM December, 30 2009** and should be sent via mail, in person, or fax.

If you fax the application please follow-up with a phone call to assure receipt of application to

OAAS/PSH 1010 Common Suite 505

New Orleans, LA 70118

FAX: 504-568-3372

PHONE 504-568-3369